

STATE OF DELAWARE
COMMISSION ON ADULT ENTERTAINMENT ESTABLISHMENTS

Form 304

**CERTIFICATE OF INDIVIDUAL RESPONSIBLE FOR PROCURING
SEXUALLY ORIENTED MATERIAL**

Name of employee responsible for
procuring sexually oriented material: _____

Nicknames or Aliases: _____

Social Security No.: _____ (ATTACH SEPARATE COPY)

Date of Birth: _____

Driver's License No.: _____ (ATTACH SEPARATE COPY)

Residential Address: _____

City/State/Zip: _____

Place of Employment: _____

Address: _____

City/State/Zip: _____

Employer Phone No.: _____

ATTACH CURRENT

2"X 2"

COLOR PHOTO

ACKNOWLEDGEMENT

I, _____, do hereby acknowledge responsibility,
whole or shared, for the selection or procurement of sexually oriented material for an _____
_____ located at _____
for which a license has been or will be issued to _____.

Signature of Employee/Procurer

Date

Notary Public
My commission will expire on _____

FORM 304 EFFECTIVE 2/78

REVISED: 7/80, 8/01